

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

97 FEB 27 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1181850

1. Corporation Name
Union Richard Corporation

Mailing Address
4811 S.W. 164 Terrace
Fort Lauderdale, FL 33331

Principal Place of Business
same

REINSTATEMENT 016-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>7/23/75</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-1651939</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,D	Delio V. Londono	4811 S.W. 164 Terrace	Ft. Lauderdale, FL 33331
S,T,D	Juan Carlos Londono	4811 S.W. 164 Terrace	Ft. Lauderdale, FL 33331
VP,D Asst Sec	Jaime Londono	4811 S.W. 164 Terrace	Ft. Lauderdale, FL 33331

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Eduardo Cardounel
2617 Davie Blvd.
Ft. Lauderdale, FL

Name
Jaime Londono

Street Address (P.O. Box Number is Not Acceptable)
4811 S.W. 164 Terrace

Suite, Apt. #, Etc.

City
Ft. Lauderdale

State
FL

Zip Code
33331

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Jaime Londono Date 2-26-97
Name of Registered Agent Jaime Londono REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jaime Londono Date 2/26/97 Daytime Phone # 954-680-0842
NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (6/94)